## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/584099

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.	0	•	2	•	0	♣
TOTAL DEP.	0	<b>4</b>	28	<b>4</b>	0	<b>+</b>
TOTAL CLAIMS	0		30		0	7.7.7
CHAINIS	L	1000 (CTO) K		2002/06/2018		LEFT-TETAT

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	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.	0	- ■	0	♣	0	♣
TOTAL DEP.	0	<b>←</b>	0	<b>←</b>	0	<b>←</b>
TOTAL CLAIMS	0		0	•	0	
		U.S. DEPAR				

PTO - 1360 (REV. 04/2007)

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